



**School of Blood Bank Technology/Transfusion Medicine**

**Application for Admission**

Entire application must be completed – only completed applications will be reviewed

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| --- |
| Date: |
| Name (First, Middle, Last): |
| Date of Birth (mm/dd/yyyy): | Ethnicity (for statistics purposes):  | Gender (for statistics purposes): [ ] Female [ ] Male |
| Address (Street, City, State, ZIP) |
| Home Phone | Work Phone | Cell Phone |
| Email Address  |

|  |  |
| --- | --- |
| Are you a US Citizen? | [ ] Yes [ ] No |
| If No, are you a legal US Resident?  | [ ] Yes [ ] No |

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| --- | --- | --- | --- | --- |
| Certification(s) | Agency | Year obtained | Expires | Number |
|  |  |  |  |  |
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 Undergraduate Education (Post High School Only):

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Attended mm/yyyy | Name of College or University | Location-City/State | Degree received |
| From | To |
|  |  |  |  |  |
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Employment history – start with the most recent

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| --- |
| Name of employer: |
| Address: |
| City: | State: |
| From (mm/yyyy)  | To (mm/yyyy) |
| Supervisor Name: |
| Your Title: |
| Your Job duties: |
| Reason for leaving: |
| Percent time spent in the Blood Bank/Transfusion Services: |

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| --- |
| Name of employer: |
| Address: |
| City: | State: |
| From (mm/yyyy)  | To (mm/yyyy) |
| Supervisor Name: |
| Your Title: |
| Your Job duties: |
| Reason for leaving: |
| Percent time spent in the Blood Bank/Transfusion Services: |

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| --- |
| Name of employer: |
| Address: |
| City: | State: |
| From (mm/yyyy)  | To (mm/yyyy) |
| Supervisor Name: |
| Your Title: |
| Your Job duties: |
| Reason for leaving: |
| Percent time spent in the Blood Bank/Transfusion Services: |

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| --- |
| Name of employer: |
| Address: |
| City: | State: |
| From (mm/yyyy)  | To (mm/yyyy) |
| Supervisor Name: |
| Your Title: |
| Your Job duties: |
| Reason for leaving: |
| Percent time spent in the Blood Bank/Transfusion Services: |

List three (3) persons from whom you will request a professional reference using the form supplied on pages 7 and 8.

|  |  |
| --- | --- |
| Name | Title |
| Employer name |
| Address |
| Phone |
| Email address |

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| --- | --- |
| Name | Title |
| Employer name |
| Address |
| Phone |
| Email address |

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| --- | --- |
| Name | Title |
| Employer name |
| Address |
| Phone |
| Email address |

 Complete the table below to indicate where you will complete your clinical rotations.

|  |  |  |
| --- | --- | --- |
| Activity | Name of Organization | City, State |
| Transfusion Service |  |  |
| Reference Laboratory |  |  |
| Donor Center * Donor Room/Mobile drives
* Recruitment
* Apheresis
* Components
* Quality Assurance
* Donor Testing
 |  |  |
| HLA |  |  |
| Management |  |  |
| HPC |  |  |

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| **Laboratory Procedures Performed** **How many procedures have you performed in the last 12 months? (√**-check**)** |
|  | **(none)** | **1-12** | **13≥** |
| Routine ABO / Rh typing |  |  |  |
| ABO Discrepancy Resolution |  |  |  |
| D and weak D typing |  |  |  |
| Indirect Antiglobulin Test: Gel method |  |  |  |
| Indirect Antiglobulin Test: PEG |  |  |  |
| Indirect Antiglobulin Test: LISS  |  |  |  |
| Antibody identification and resolution-Routine |  |  |  |
| Antibody identification and resolution-Complex |  |  |  |
| Direct Antiglobulin Test (DAT) |  |  |  |
| Elution Studies* Lui Freeze
* ELU kit
* Heat
 |  |  |  |
|  |  |  |
|  |  |  |
| Compatibility Testing |  |  |  |
| Red Blood Cell Separation Techniques (dual populations) |  |  |  |
| Chemical Treatment: EGA/Chloroquin  |  |  |  |
| DTT Treatment * Serum
* Plasma
 |  |  |  |
|  |  |  |
| Enzyme Treatment of RBCs |  |  |  |
| Adsorption Studies * Alloadsorption
* Autoadsortion
 |  |  |  |
|  |  |  |
| Titration Studies |  |  |  |
| Inhibition/Neutralization Studies:  |  |  |  |
| HLA-matched platelets |  |  |  |
| Molecular Testing: * Indicate technique\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |
| Other relevant experience which is not listed above |

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| Preliminary Questions |
| Have you previously applied for admission at BioBridge Global/University Hospital School of Blood Bank Technology? [ ] No [ ] Yes; If Yes when\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What are you looking for in terms of career development? |
| How will your career goals change after obtaining SBB training and certification? |
| What qualities do you have that will help you succeed in a distance learning program? |
| How many hours a day do you anticipate studying for this program?  |
| Describe the personal strengths which make you effective working in a team. |
| Do you prefer to work in a group or independently? |
| Describe how you see this online program impacting your daily activities. Explain how you will find time for studying, completing clinical rotations and writing a research paper. |

I hereby grant permission for BioBridge Global/University Hospital SBB task force to receive and review all information regarding my employment and/or scholastic standing with your organization/institution. All information I provided is current and accurate. Information received will be kept confidential and will not be released without my written consent. Information may be shared with CAAHEP.

NAME [PLEASE PRINT]:

SSN (last 4 digits): DATE:

SBB Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The completed forms/application may be scanned and submitted by email to Jose Quesada, Education Coordinator at [jose.quesada@southtexasblood.org](jose.quesada%40southtexasblood.org)

A complete application shall include:

* + Pages 1 through 6 of application
	+ Three (3) references (each shall complete the form on pages 7 and 8 of this packet)
	+ One (1) mentor form (mentor shall complete the form on pages 9 and 10 of this packet)
	+ College transcripts (school to send directly to the address below)

Jose Quesada, MS, MT(ASCP)SBB

Director Manufacturing, South Texas Blood & Tissue Center

SBB Education Coordinator

BioBridge Global

6211 IH 10 West | San Antonio, TX 78201



**School of Blood Bank Technology**

Applicant Reference Form

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| --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SBB applicant) has applied for admission to BioBridge Global/University Hospital Specialists in Blood Bank technology Program in San Antonio, Texas. Please evaluate this person's attributes by checking the appropriate responses. A calculated numerical score from your responses will be used in our decision to accept this applicant. Feel free to add any other information that might be pertinent to the applicant's acceptance into this SBB program |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ability | Unable to assess  | Below Average | Average | Above Average | Excellent |
| 0 | 1 | 2 | 3 | 5 |
| Technical ability |  |  |  |  |  |
| Continuing Education participation |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Leadership/Supervision ability |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Likelihood of success in specialty training |  |  |  |  |  |
| Problem solving ability |  |  |  |  |  |
| Organization of work |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Ability to communicate with others effectively |  |  |  |  |  |
| Emotional maturity |  |  |  |  |  |
| Adherence to standard procedures |  |  |  |  |  |
| Ability to function under pressure |  |  |  |  |  |
| Attendance record |  |  |  |  |  |
| Sum |  |  |  |  |  |
| Total |  |

|  |
| --- |
| Would you rehire this individual? [ ] Yes [ ] NoIf no, please explain |

|  |
| --- |
| Please comment on any of the abilities or any additional comments: |

|  |
| --- |
| Date: |
| Name (print)  |
| Signature: |
| Relationship to applicant: |
| If we have additional questions, may we contact you? [ ] Yes [ ] NoIf yes, what is the best way to do so? |

Please return this completed form to [jose.quesada@southtexasblood.org](file:///%5C%5Cuhsdata%5Cdata%5Cdepartment%5CPathology%20Services%5CSBB%20Program%5CSBB%20Program%20Application%5Cjose.quesada%40southtexasblood.org)



**School of Blood Bank Technology/Transfusion Medicine**

**SBB Student Mentoring Agreement**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SBB applicant) has applied for admission to BioBridge Global/University Hospital Specialists in Blood Bank technology Program in San Antonio, Texas. A mentor is required for the acceptance into the on-line distance program. The mentor’s commitment to the SBB student is for the duration of his/her duration in the program – usually 12 months.  |

**Qualifications as a mentor:**

* Have SBB (ASCP) certification or a Pathologist that is board certified in Transfusion Medicine or a Director of a Blood Bank. Other qualifications may be approved by SBB Program Director.
* Have extensive experience in Blood Banking / Transfusion Medicine.
* Be employed in some capacity at a Blood Center or Transfusion Service

**The mentor should be willing to ensure the following:**

* Provide guidance in some or all aspects of Blood Bank Technology.
* Communicate with the SBB program Education Coordinator concerning the student's progress.
* Complete checklists concerning the student's clinical activities and practicums.
* Review antibody identification work-ups.
* Provide and/or prepare unknowns or other special testing opportunities for the student’s clinical experience.
* Evaluate the student's ability at oral presentations.
* Help to provide an audience so the student can present case studies, journal articles or other educational activities.
* Provide ideas and guidance for management and research projects.
* Assist the student with networking to locate laboratories for required practical experience.

**The mentor is NOT responsible for the following:**

* Providing monetary support to the student for any project.
* Grading, administering or developing written or practical tests for the student.
* Providing reagents or any materials that might entail costs to themselves or the facility.
* Preparing lectures, providing textbooks or other didactic materials.

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|  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your name), am willing to provide the necessary support as listed above. I understand the student may need my assistance for one year. If at any time, I feel I cannot continue with this role, I may withdraw. It will be the student's responsibility to find another mentor. |
| **Please provide a current CV, listing all pertinent education and experience** |
| Signature of Mentor Date:  |

Please return this completed form and CV to [jose.quesada@southtexasblood.org](file:///%5C%5Cuhsdata%5Cdata%5Cdepartment%5CPathology%20Services%5CSBB%20Program%5CSBB%20Program%20Application%5Cjose.quesada%40southtexasblood.org)